

Acknowledgement of Information System Access and Confidentiality

Information Access Security:

Access has been granted to me as a necessary privilege in order to perform authorized job functions as a _____. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (such as log-in Ids, passwords, terminal Ids, user Ids, file protection keys or production read/write keys) for any purpose other than those required to perform my authorized functions.

As a user of the computer systems authorized by my position, I understand and agree to abide by the terms which govern my access to and use of the information systems;

I will abide by all applicable statutes and regulations of the Commonwealth of Virginia; all procedures and standards related to the security of Commonwealth's computer systems and the data contained therein; and all regulations, policies and procedures of the Virginia Information Technologies Agency (VITA) and Virginia Department for the Aging (VDA), as long as such rules, regulations or policies do not contradict the confidentiality provisions of the State Long-Term Care Ombudsman Program, as set forth in the Older Americans Act (Public Law 89-73) as amended in 2000.

I will not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized to do so by my employing agency (and in the case of the Synergy OmbudsManager System, the State Long-Term Care Ombudsman) and I will not use any access mechanism which has not been expressly assigned to me.

If I observe any incidents of non-compliance with the terms of this agreement or the aforementioned statutes or regulations, I acknowledge that I am responsible for reporting them to the VDA management and the information security officer (and the State Long-Term Care Ombudsman if the noncompliance observed involves accessing or disclosing Ombudsman Program data) and will do so.

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same. I further acknowledge that any infractions of this agreement will result in disciplinary action, including but not limited to the termination of my access privileges.

Confidentiality Statement:

I will use my access for work related activities only. In addition, I acknowledge and understand that I may have access to proprietary or other confidential information including the Advanced Information Manager (AIM), Synergy OmbudsManager and National Performance Report and Medigap Enforcement System (NPRMES) databases. Therefore, except as required by law, I agree that I will not: Access data that is unrelated to my position duties; Disclose to any other person, or allow any other person access to, any information that is proprietary or confidential and/or pertains to employees, students, volunteers, clients, and the public. Disclosure of information includes, but is not limited to, verbal discussions, FAX transmissions, electronic mail messages, voice mail communication, written documentation, "loaning" computer access codes, and/or another transmission or sharing of data.

I understand and acknowledge that, VDA and the Commonwealth of Virginia and its employees, students, volunteers, clients, and the public, staff or others including the State Long-Term Care Ombudsman Program may suffer irreparable harm by disclosure of proprietary or confidential information and that VDA and the Commonwealth of Virginia may seek legal remedies available to it should such disclosure occur.

Print Name

Witness

Signature

Date